

Boots on the Green Sign Up Form



Participant Name _____

Participant Address _____

City _____ Zip _____

Telephone: _____ Cell: _____

Age: _____ Gender: _____ Email address: _____

Disability(s): _____ Onset of Disability _____

Strengths/Weaknesses: _____

Other Health Concerns: _____

Emergency Contact: _____ Phone: _____

Are you on Oxygen: _____ Liters _____ RT Personal Exercise Clearance: _____

Previous Golf Experience:

Never Played: _____

Play Occasionally: _____

Played Regularly: _____

Need help: _____

Will you bring your own clubs: _____?

Righty: _____ Lefty: _____

Will you need an adaptive golf cart: _____?

Will the veteran be able to participate in most of the golf training clinics? _____ YES _____ NO

Will the veteran be participating in the nine hole golf tournament on May 26, 2010? _____ YES _____ NO

You may bring a completed Sign-Up form with you to one of the clinics. If you are unable to print this Sign-Up form, it will be available at the clinics.

St. Louis VA Medical Center